



Original Article

The experience of weight management in normal weight adults



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ABSTRACT

Background: No prior research has been done with normal weight persons specific to their experience of weight management.

Purpose: The purpose of this research was to discover the experience of weight management in normal weight individuals.

Method: Glaserian grounded theory was used. Qualitative data (focus group) and quantitative data (food diary, study questionnaire, and anthropometric measures) were collected.

Discussion: Weight management was an ongoing process of trying to focus on living (family, work, and social), while maintaining their normal weight targets through five consciously and unconsciously used strategies. Despite maintaining normal weights, the nutritional composition of foods eaten was grossly inadequate.

Conclusions: These five strategies can be used to develop new weight management strategies that could be integrated into existing weight management programs, or could be developed into novel weight management interventions. Surprisingly, normal weight individuals require dietary assessment and nutrition education to prevent future negative health consequences.

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Obesity has become a global problem (Kimokoti & Millen, 2011) with many negative health, social, and economic consequences. Much obesity research has been done and is ongoing as world governments and researchers try to find solutions to deal with the health and economic burden of obesity. Most research is directed at dietary and exercise solutions although these interventions have not been found to have long-term benefit, with most individuals initially losing but then regaining the lost weight over time (Jeffery et al., 2000). However, this focus on weight management in obesity has not extended to weight management in normal weight individuals.

Minimal research has been done with normal weight individuals perhaps due to the fact that normal weight is not considered problematic and, therefore, not a popular research topic. Investigations regarding normal weight individuals have mostly involved comparisons with obese and/or overweight individuals in the areas of caloric (Corbalán-Tutau, Madrid, & Garaulet, 2012) and/or macronutrient consumption

(Austin, Ogden, & Hill, 2011), or in energy expenditure (Bachman, Phelan, Wing, & Raynor, 2011).

In one Canadian study of 7436 adults between the ages of 35 and 69, both normal weight and overweight individuals showed reasonable accuracy in weight perception, although men were less accurate than women in identifying themselves as overweight (Csizmad, Linder, McLaren, Robson, & Siou, 2010). Comparison of the NHANES I, 1971–1975 ($n = 13106$), and NHANES II, 2005–2006 ($n = 4381$), data showed identical trends in energy intake from various macronutrient sources in normal weight, overweight, and obese adults – energy from carbohydrate increased by 4.7%, while the energy from fat and protein decreased by 2.9% and 0.8% respectively (Austin et al., 2011). Moreover, normal weight, overweight, and obese weight individuals increased their energy (caloric) intake when being served portion sizes that were larger than normal (Kelly et al., 2009). Men increased their intake by 16% and woman by 10% (Kelly et al., 2009).

Exercise alone is insufficient to prevent weight gain in obese individuals even though it is sufficient in normal weight individuals who are engaging in at least seven hours of moderate intensity exercise per week (Lee, Djoussé, Sesso, Wang, & Buring, 2010). Overweight men

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and women believe more strongly that exercise improves self-image and appearance than those who are of normal weight, and normal weight women are less embarrassed or intimidated about exercising in a health club setting (Miller & Miller, 2010).

No research was found that solely investigated the experience of normal weight individuals, nor were there any studies that described their weight management experiences. However, such research is essential because it may be possible to identify and develop weight management strategies and to determine whether lessons learned from their experiences can be utilized to develop novel, and perhaps more successful, interventions for overweight and obese individuals. Therefore, the purpose of this research was to discover the experience of weight management in normal weight individuals, that is, those whose BMI was between 18.5 and 24.9.

1. Methodology

Glaserian grounded theory (GGT; Glaser, 1978) was the methodology chosen for this study.

The purpose of GGT research methodology is to generate “concepts and their relationships that explain, account for and interpret the variation in behavior in the substantive [clinical] area under study” (Glaser, 1992). A major assumption underlying grounded theory is that, in any clinical area, there is a concern or problem that participants are constantly trying to solve, resolve, or continuously process, although these efforts may be unconscious (Hernandez, 2010). An additional assumption is that “the problem, and its resolution, will emerge through the use of the constant comparative method [CCM] of analysis, as long as the researcher remains theoretically sensitive (open to what the data are disclosing)” (Hernandez, 2010). The CCM is a synchronous process of data collection, data analysis, and memoing. Either or both qualitative and quantitative data sources can be used in GGT, which make it a favored methodology for clinical research in which both quantitative and qualitative data are essential to provide an adequate picture of what is going on in a clinical area. When the first data are collected, analysis begins immediately on the field notes and/or the transcribed interviews. At first, the researcher reads the data in a line-by-line fashion and identifies the codes or categories that pertain to these data ‘chunks’ or incidents. During the initial or open coding phase, incidents are compared to each other for similarities and differences. It is through this process that the study concern or problem emerges, as well as the important codes related to the resolution of this problem. Later, when the core category is found, selective coding begins in which the incidents are compared to the codes that have already been generated that are related to this core category. The core category is the category that represents the behavior that continuously resolves the problem in the substantive area (Glaser, 2001). Selective coding continues until all relevant categories have been saturated and the theoretical code, the code that explains how all of the categories are related to the core category, is found. The substantive theory that results explains how the major concern in this clinical area is constantly being processed or resolved by participants.

This study was approved by the institutional research ethics board. Prior to the focus group, written, informed consent was obtained from all participants. Participants chose a code name prior to the focus group, and only code names were used throughout the study to provide anonymity. These code names are also used in this manuscript.

In this weight management study, data collection was both qualitative (through focus group) and quantitative (food diary, study questionnaire, and anthropometric measures). Focus groups are an accepted source for collecting the type of qualitative data that are useful in GGT (Hernandez, 2011). Prior to the focus group, participants were provided with a food diary, which contained directions and an example of how the food diary should be kept. They completed this 3-day food record, which included weekday and weekend days, and it was collected when they attended a focus group research session. Upon arrival at

the research session, participants’ anthropometric measurements (i.e., height, weight, waist circumference, and hip circumference) were taken, and BMIs were calculated based on the actual height and weight statistics. Three-day food records were analyzed using Nutritionist Pro™ software.

Participants attended one 2-hour focus group session and then completed the study questionnaire. The focus group session was audiotaped while participants were seated around an oblong table. Paper and pens were provided, and participants were told that these were for their use: to capture ideas that were ‘sparked’ by the comments of other participants or to jot down information that they wished to discuss later. Key points were noted on the flip chart by a member of the research team so that participants could refer to these points, or compare their experiences with them during their comments if desired. Open-ended questions were used but participants were told they could discard any question if it was irrelevant to their experience and could raise other questions that were more relevant. Participants took turns answering the questions, but once everyone had taken a turn, they were free to add additional commentary as many times as they wished. Focus group audiotapes were transcribed verbatim and validated prior to analysis, using the constant comparative analysis method of GGT.

2. Participants

Eleven white adults (eight females and three males) between 28 and 66 years of age (average age, 46) participated in the research of which eight were married and three were not. Eight of the participants had college diplomas or a higher level of education, and seven worked full time outside the home, three worked part time, and one participant was retired. Eight of the participants reported an annual household income of \$90,001 or more.

3. Results

The process of weight management was viewed as simply trying to live life in a healthy manner with a preoccupation on living (family, work, and social life) and minimal or no focus on food or eating. Only three participants acknowledged that they consciously thought about their weight, to maintain or keep their weight in range. The living process described by participants involved a combination of mindfulness related to what was being eaten as well as automatic processes that converged to maintain a self-defined specific weight target. The concern of these individuals (i.e., trying to live their lives while simultaneously maintaining the normal weight self) did not appear to be at all difficult or worrisome for them, neither did it ever seem to preoccupy their thinking – maintaining their weight was simply a goal that was consistently being met through conscious and unconscious processes. These processes, explained in detail in the following sections, had become so highly integrated into their lives and lifestyles that they had become an automatic part of themselves and their daily habits. Eating for these individuals was for the purpose of having enough energy to perform their preferred tasks and activities of daily living; they were eating to live, not living to eat.

3.1. Personal philosophy of food as fuel (non-relational stance to food)

One of the major approaches to weight management was their personal philosophies related to living, including their approach to, and view of, food. Bill Bixby stated that food is not a big driver in his life and is not a priority, and he does not need a lot of diversity in food. Cosby commented, “Everything is in moderation ‘cause I eat junk [food], too. I just don’t have four donuts, and I don’t need free food.” Gardener’s philosophy, like Cosby’s was, “I believe in doing everything in moderation,” and she also emphasized, “I eat to live. I don’t live to eat.” Later she reiterated, “Well, I think it’s a way of life, too. Like I said before, I mean, I eat to live and I watch what I eat.”

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